



BANNER & WITCOFF, LTD.
INTELLECTUAL PROPERTY LAW

10 SOUTH WACKER DRIVE, SUITE 3000
CHICAGO, ILLINOIS 60606

TEL: 312.463.5000
FAX: 312.463.5001
www.bannerwitcoff.com

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COMPANY: USPTO	DATE: May 18, 2005	MAY 18 2005
FAX NO.: (703) 872-9306	TOTAL NO. OF PAGES: (including cover sheet) 9	
YOUR REFERENCE NO.: 10/806,983	OUR REFERENCE (C/M) NO.: 005222.00210	

RE: In re: Appln. Bajer et al.
Appln. No. 10/806,983
Filed: March 23, 2004
For: Computer Enabled Training of a User to Validate Assumptions

OFFICIAL FAX

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NAME: Lydia Vega	PHONE: 312-463-5560
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COMMENTS:**AMENDMENT**

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/806,983	
	Filing Date	March 23, 2004	
	First Named Inventor	Javier Bajer	
	Art Unit	3713	
	Examiner Name	Christman, Kathleen M.	
Total Number of Pages in This Submission	9	Attorney Docket Number	005222.00210

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kenneth F. Smolik Reg. No. 44,344
Signature	<i>Kenneth F. Smolik</i>
Date	May 18, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	<i>P. Bajer</i>
Signature	<i>P. Bajer</i>
Date	5/18/05

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 005222.00210)

In re U.S. Patent Application of Bajer, et al.)	
)	
Application No. 10/806,983)	Group Art Unit: 3713
)	
Filed: March 23, 2004)	Examiner: Christman, Kathleen M
)	
For: COMPUTER ENABLED TRAINING OF A USER TO VALIDATE ASSUMPTIONS)	
)	
)	

AMENDMENT

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the final Office Action mailed February 18, 2005. The Examiner set a three-month period for response, thus making this response due on or before May 18, 2005. It is believed there is no fee due in connection with this filing. If a fee is due, the Office is authorized to charge such a fee to Deposit Account No. 19-0733.

The Amendment section begins on page 2 and the Remarks section begins on page 6.

Please amend the application as follows.